FORM D

UNITED STATES
ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
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hours per response.....16.00

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTI



Name of Offering (check if this is an amendme	ent and name has changed, and indicate change.)		
Senior Convertible Notes Due 2012			
Filing Under (Check box(es) that apply): Rul. Type of Filing: New Filing Amendment		☐ ULOE	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issue			
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	-	
WILLBROS GROUP, INC.			
Address of Executive Offices	(Number and Street, City, State, Zip Code) Telephone Number (Including Area Cod		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·		
	partnership, already formed other (pl	lease specify): PROCESSET,	
•	Month Year cation: Actual Estim two-letter U.S. Postal Service abbreviation for State: for Canada; FN for other foreign jurisdiction)	nated ZUUS	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Executive Officer ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Director Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. I.	NFORMAT	ION ABOU	T OFFERI	NG				
							_	Yes	No				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						•••••						
2.								\$					
												Yes	No
3.						le unit?							
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Number and	l Street, C	ity, State, Z	ip Code)					·	
Nar	ne of As:	sociated B	roker or De	aler									
Stat		=				to Solicit l	=						
	(Check	"All State:	s" or check	individual	States)	***************************************						☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)							,, <u>, , , , , , , , , , , , , , , , , ,</u>		
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of As	sociated Bi	roker or De	aler				····					
Stat	tes in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All State	s" or check	individual	States)	***************************************				•••••	*	□ AI	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nar	ne of As	sociated Br	roker or De	aler		· · · · ·							
Stat	tes in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)													
	AL IL MT	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Debt	0.00	\$ 0.00
	EquityS		\$ 0.00
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)\$	84,500,000.00	s 84,500,000.00
	Partnership Interests		\$ 0.00
	Other (Specify)\$		\$ 0.00
	Total\$		·
	Answer also in Appendix, Column 3, if filing under ULOE.	· · · · · · · · · · · · · · · · · · ·	
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases \$ 84,500,000.00
	Accredited Investors		· ·
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	N/A	\$_N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T C O CC	Type of	Dollar Amount
	Type of Offering	Security V/A	Sold
	Kuic 303	N/A	\$ N/A
	Regulation A		\$ N/A
	Rule 504		\$ N/A
	Total	N/A	\$_N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		<u>\$_0.00</u>
	Legal Fees	Z	\$_100,000.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)	.	\$ 3,373,000.00
	Other Expenses (identify) Trustee Fees (Administration Fee and Acceptance Fee)		\$ 23,000.00
	Total	[7]	s 3,496,000.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS		
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."			\$81,004,000.00	
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and If the payments listed must equal the adjusted gross			
			Payments to		
			Officers, Directors. & Affiliates	Payments to Others	
	Salaries and fees		s_0.00	<u>\$ 0.00</u>	
	Purchase of real estate		\$ 0.00	\$ <u>0.00</u>	
	Purchase, rental or leasing and installation of ma	chinery		0.00	
	and equipment		\$ 0.00	. □ \$ <u>0.00</u>	
	Construction or leasing of plant buildings and fac-		□ \$ <u>0.00</u>	\$ 0.00	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	□ \$ <u>0.00</u>	. □\$ ^{0.00}	
	Repayment of indebtedness		_	\$ 15,110,342.0	
	Working capital			5 65,893,658.	
	Other (specify):		\$ 0.00	\$ 0.00	
			\$	<u> </u>	
	Column Totals			\$81,004,000.00	
	Total Payments Listed (column totals added)			81,004,000.00	
		D. FEDERAL SIGNATURE			
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis	ssion, upon writte		
SS	uer (Print or Type)	Signatuje	Date		
W	LLBROS GROUP, INC.	Warne Carlle	3-29-0	6	
۷a	me of Signer (Print or Type)	Title of Signer (Print or Type)	 ,	····	
٧	arren L. Williams	Senior Vice President, Chief Financial Officer	and Treasurer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)